

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 96  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. John Q. Binhlam**

Mailing Address 5158 Remington Dr

City

Brentwood

State

TN

Zip Code

37027-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Skin &amp; Laser Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	22	/	2015

**Transaction ID : 9613B74CEA99ECA2D0A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Sharon Blakeley Bond**

Mailing Address 2112 W 35th St

City

Kearney

State

NE

Zip Code

68845-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	27	/	2015

**Transaction ID : 7C32DB6A052DBF1CFF0**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jeremy S. Bordeaux**

Mailing Address 22300 Douglas Rd

City

Shaker Heights

State

OH

Zip Code

44122-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Hospitals Case Medical Cener CWRU

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	01	/	2015

**Transaction ID : 5486D3A1E32B4F2199C7**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►